



COVID-19 EMERGENCY LIVING ASSISTANCE APPLICATION

****PLEASE ENSURE ENTIRE APPLICATION IS COMPLETE BEFORE SUBMITTING****

APPLICANT NAME: _____ DATE: _____

PHONE NUMBER: _____ EMAIL: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CURRENTLY RECEIVING FEDERAL HOUSING ASSISTANCE? *Circle one.* YES NO If YES, List the type: _____

Place a CHECK MARK in the box indicating the type of assistance requested:

You may only select one.

Utility Assistance

Rental / Mortgage Assistance

GROSS ANNUAL HOUSEHOLD INCOME: \$ _____

TOTAL AMOUNT OF HOUSEHOLD SAVINGS: \$ _____

AMOUNT OF ASSISTANCE REQUESTED: \$ _____

Number of Bedrooms size of your home: _____

FAMILY MEMBER INFORMATION

LIST EACH FAMILY MEMBER LIVING IN THE HOUSHOLD	AGE	GENDER (M)ALE (F)EMALE	FEMALE OF HOUSEHOLD	DATE OF BIRTH MM/DD/YYYY	RELATION TO APPLICANT	ETHNICITY – mark Y or N if you are of Hispanic origin.	Race – mark the number that identifies your race
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Race—select one (1) category applicable to each person in the family. Write the number next to the name of each person indicating that person's RACE.

- 11** White **12** Black/African American **13** Asian **14** American Indian/Alaska Native **15** Native Hawaiian / Other Pacific Islander **16** American Indian/Alaska Native & White **17** Asian & White **18** Black/African American & White **19** American Indian/Alaska Native & Black/African/American **20** OTHER MULTI-RACIAL

URGENT NEED FOR ASSISTANCE:

Please describe the urgent need for assistance and the impact COVID-19 as affected you financially.

APPLICATION CONSENT:

Does the applicant give consent for their personal information, including information on this form and in any attachments, to be shared with the City of Amarillo Community Development Block Grant (CDBG) department, and with other partner agencies, as needed for GDBG in order to provide assistance to the applicant?

- YES NO

PAYEE NAME(S) AND ADDRESS(ES) PHONE NUMBER:

Please provide the name(s) and address(es) of the landlord/utility provider/etc. to whom the check for assistance should be made payable to. MUST HAVE ALL WAYS OF CONTACT LISTED. IF SEEKING UTILITY ASSISTANCE MUST PROVED APPROPRIATE ACCOUNT NUMBERS.

Required Attachments:

- Documentation verifying gross household income (See Income Documentation Checklist)
- Documentation verifying total household savings/assets (See Savings Documentation Checklist)
- Copies of the lease or other documentation to verify rent or mortgage amount owed
- Statement of Invoice from utility provider, as applicable with customer account number and information

Income Documentation Checklist:

Any of the following Documents, provided for each adult household member (18 years and older), will be accepted as documentation verifying total gross household income:

- Copy of last two (2) bi-weekly or four (4) weekly paycheck stubs (going back to date of request) or letter from employer regarding layoff or termination.
- Current benefit award letters or other documents that includes name and amount of the benefit (child support, TANF, etc.)
- Bank statement showing income (including biweekly or monthly payroll deposits, rental income, income from business operation, or interest/dividends from assets)
- Statement from the applicant stating all sources of income and total gross income, and certifying that the information presented in the statement is true and accurate to the best of the signer's knowledge
- Other document not listed above (subject to approval): _____

Savings Documentation Checklist:

- Bank statements showing all savings/assets (including checking and savings accounts, investment and brokerage accounts, inheritance, trusts, etc.)
- Signed from the applicant stating the types and values of all savings/assets and certifying that the information presented in the affidavit is true and accurate to the best of the signer's knowledge.

Revised: 5/22/2020